



Curafide^{Inc.}

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Employment Application Form

For Supported Living Services (SLS) and Personal Assistant (PA) Applicants

Personal Information

Full Name: _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____

Phone Number: _____ **Date of Birth (DOB):** ____ / ____ / ____

TIN/SSN: _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ **Alternate:** _____

Are you legally authorized to work in the United States? Yes No

Preferred start date: ____ / ____ / ____

Desired schedule: Full-time Part-time On-call Temporary

How did you hear about Curafide? Referral Online Social Media Other: _____

Referred by (name): _____

Education

Languages spoken: English Spanish Tagalog Other: _____

Level: Basic Conversational Fluent

Highest level completed: High School GED College Vocational Other: _____

Availability

Days available (check all that apply):

Mon Tue Wed Thu Fri Sat Sun

Time ranges you can work (example: 8AM–8PM):

Mon: _____ Tue: _____ Wed: _____ Thu: _____

Fri: _____ Sat: _____ Sun: _____

Shift types (check all that apply):

Morning Afternoon Evening Overnight Live-in Weekends Holidays

Open hours / flexible scheduling? Yes No

Minimum hours per week you can accept: _____

Maximum hours per week you can accept: _____

References

Reference #1 Name: _____ Relationship: _____
Phone: _____ Email: _____

Reference #2 Name: _____ Relationship: _____
Phone: _____ Email: _____

Transportation

Do you have reliable transportation to and from shifts? Yes No

Do you drive? Yes No

If yes: Do you have a valid driver's license? Yes No

License #: _____ **Exp:** _____

Do you have current auto insurance (if driving)? Yes No N/A

Are you willing to travel between client locations if needed? Yes No

Maximum travel distance you can do (miles): _____

Care

Personal Care / ADLs:

- Bathing Grooming Toileting Dressing Transfers Mobility Support
- Feeding assistance Incontinence care Bed care

Household Support:

- Meal prep Light housekeeping Laundry Errands/shopping Companionship

Client Needs Experience:

- Dementia/Alzheimer's Autism/Developmental Disabilities Behavioral support
- Fall-risk clients Post-surgery support Hospice/comfort care

Medication:

- Medication reminders only Assisting administration Not experienced

Comfort level with pets in the home: Yes No Depends

If the role requires it, can you safely lift or assist up to:

- 25 lbs 50 lbs 75 lbs 100 lbs (with proper equipment/assistance) Not sure

Do you have any certificate related to this job? Yes No

Work Experience

Employer #1 (Most Recent)

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Dates: _____ to _____

Reason for leaving: _____

Employer #2

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Dates: _____ to _____

Reason for leaving: _____

Applicant Statement

I certify that the information provided is true and complete to the best of my knowledge. I understand that false or incomplete information may result in disqualification or termination if hired.

I authorize Curafide, Inc. to verify information provided, including employment and references. I understand that additional screenings may include background checks and other job-related requirements, following applicable laws.

Nature of Work & Safety Acknowledgment: I understand that the position I am applying for may involve providing care for older adults and individuals with developmental disabilities (DDS), including clients who may have unpredictable or challenging behaviors. I understand caregiving can involve physical demands and inherent risks (including potential injury). I agree to follow Curafide, Inc. policies, required trainings, safety procedures, and client care plans, and to promptly report any safety concerns, incidents, or injuries. This acknowledgment does not waive any rights or protections provided under applicable law.

Honesty & Compliance Statement: I certify that all information I provided in this application and during the hiring process is accurate, complete, and truthful. I understand that any misrepresentation, omission, or false statement may result in disqualification from employment or termination if hired. If hired, I agree to comply with Curafide, Inc. policies and procedures, including confidentiality, attendance and scheduling requirements, client safety rules, and all job-related training and documentation requirements.

Applicant Signature: _____ **Date Today:** _____

Printed Name: _____